

NDP072: ROBOTIC-ASSISTED RADICAL PROSTATECTOMY-SINGLE SITE PLUS TWO MODEL

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Purpose: To demonstrate the feasibility and safety of single-size plus two model robotic-assisted radical prostatectomy.

Materials and Methods: We retrospectively analyze 17 patients with prostate cancer receiving single size plus two model robotic-assisted radical prostatectomy from March 2014 to January 2015. All patients were performed retroperitoneal approach.

Results: The T stage of all enrolled patient is from T1c–T3b. The mean age is 64.4 year-old (44–76). The mean time to set up extraperitoneal rout is 55 minutes (30–110). The mean operation times are 303 minuts (230–380). The mean blood loss is 600ml (170–1600) including urine amount. There were no conversions to alternative surgical approaches.

Conclusion: We describe our experience of novel surgery technique of single-site plus two model robotic-assisted radical prostatectomy. All surgery procedures were successfully completed without conversions. Further investigation will be continued.

NDP073: LAPAROSCOPIC RETZIUS-SPARING RADICALPROSTATECTOMY: A REVERSED EVOLUTION FROM ROBOTIC-ASSISTED RADICAL PROSTATECTOMY

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Purpose: Robot-assisted radical prostatectomy (RaRP) is viewed as the main surgical option in patients with localized prostate cancer. Robotic-assisted Retzius-sparing radical prostatectomy (Retzius-sparing RaRP) is also in development to achieve the trifecta (cancer free, continence and potency). For economic consideration, we modified the methodology using the same Retzius-sparing approach but with laparoscope.

Materials and Methods: A total of 10 patients underwent Retzius-sparing LRP from May to August of 2015. General characters of patients, peri-operative parameters, functional and oncologic datas were collected. Patient position and trocar placement is identical with our conventional LRP. The steps of whole procedure were very similar to the method that SK Lim, et al. (BJU Int 2014; 114: 236–244) had published to describe the process of Retzius-sparing RaRP. Continence was defined as no need for pad in daily life.

Results: The average operative time was 213 minutes and the average amount of blood loss was 195 ml. Two patients received bilateral NVB preserving while the other three patients received unilateral partial preserving. Four patients got immediate continence control at the first day after Foley removal. The other one had post-operative anastomotic leakage and initial mild stress urine incontinence but got recovery in 2 weeks.

Conclusion: At the very first time we show the Retzius-sparing LRP is a feasible option for localized prostate cancer. It might result in early continence control in our initial experience and with less economic cost than RaRP for patients. Further long-term prospective studies are needed to define the benefits of this method.

NDP074: LAPAROSCOPIC AND ROBOTIC ASSISTED RADICAL PROSTATECTOMY: EXPERIENCE IN MACKAY MEMORIAL HOSPITAL

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Purpose: To present our 10-year experience in laparoscopic radical prostatectomy (LRP) with covert to robotic-assisted laparoscopic radical prostatectomy (RALP), performed in median volume cases by single-primary surgeon.

Materials and Methods: We retrospectively reviewed 140 patients with prostate cancer underwent LRP (100 patients) and RALP (40 patients) between May 2005 and May 2015. Preoperative parameters included age, body mass index, serum prostate specific antigen (PSA). Operative course parameters included the operating time, estimated blood loss, intra-operative blood transfusion, conversion to open surgery, complications. Pathological stage, specimen Gleason score, surgical margin status and postoperative PSA were reviewed and compared between LRP and RALP group. The data were analysed by SPSS software.

Results: The operative and post-operative parameters revealed significant decrease in the estimated blood loss (143 ml vs 306 ml, $p < 0.001$), the hospitalization days (6.9 days vs 8.7 days, $p = 0.006$) and the duration of Foley catheterization (9.3 days vs 11.3 days, $p < 0.001$) in patients underwent RALP. Positive surgical margin rate was reported in 39% in LRP and 49% in RALP ($p = 0.285$). The proportion of postoperative PSA ≤ 0.02 ng/ml in 6 months was reported in 73% in LRP and 68% in RALP ($p = 0.573$). The major postoperative complications (Clavien-Dindo Classification grade III) occurred in 5 patients underwent LRP (5%). The patients underwent RALP had no major postoperative complications.

Conclusion: Patients underwent RALP had better perioperative outcome, and had similar short-term oncologic outcome regarding PSA follow-up compared to LRP.

NDP075: AN EXPERIENCE WITH SELF-MAID MODIFIED SURGIPRO MESH FOR LAPAROSCOPIC TOTAL EXTRAPERITONEAL HERNIORRHAPHY

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Purpose: This is a review of the efficacy and safety by using a modified Surgipro mesh repair when performing laparoscopic total extraperitoneal herniorrhaphy.

Materials and Methods: We retrospectively reviewed patients who underwent laparoscopic total extraperitoneal herniorrhaphy in a single constitution from February 22th, 2012 to March 8th, 2016. A total 92 patients received modified Surgipro mesh laparoscopic total extraperitoneal herniorrhaphy. Postoperative results with recurrence, epididymo-orchitis, and other major complications were recorded and analyzed.

Results: A total of 92 patients underwent laparoscopic total extraperitoneal herniorrhaphy with modified Surgipro mesh. Of all, 31 patients were bilateral inguinal hernia, 15 patients were recurrent inguinal hernia and 17 patients were bilateral, recurrent (single or both side) inguinal hernia. Mean total operative time (skin to skin) was 107 minutes. No patient had recurrent hernia. One patient had major bleed and recovered after emergent laparotomy. One patient had scrotal hematoma and received surgical removal. Five patients experienced epididymo-orchitis and needed antibiotic treatment for one more week.

Conclusion: With modified Surgipro mesh, laparoscopic total extraperitoneal herniorrhaphy is efficacy and safe. Longer follow-up and larger study group are still necessary.

NDP076: ROLLING METHOD FOR MESH PLACEMENT OF LAPAROSCOPIC TOTAL EXTRA-PERITONEAL HERNIOPLASTY: A NOVEL TECHNIQUE

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Purpose: Inguinal hernias account for 75% of all abdominal wall hernias and repair of these hernias is one of the most commonly performed surgical procedures in the world. Minimal invasive surgery is the trend for modern operation. Laparoscopic herniorrhaphy has some advantages such as reduce post-operative pain and decrease requirement for narcotics. However, the skill of mesh placement is difficult, especially for beginners. We present a technique with rolling method, which makes mesh placement easier and less time consuming.

Materials and Methods: After pre-peritoneal dissection, which ensures that adequate space available for placement of large mesh prosthesis was done. The procedure of mesh placement could be started.